

**DEPEW UNION FREE SCHOOL DISTRICT
SCHOOL VOLUNTEER APPLICATION**

Date Submitted: _____

Name: _____

Social Security #: _____

Address: _____

Home #: _____

Cell #: _____

Volunteer Position: _____

Administrator/Supervisor the volunteer will report to: _____

Location of Volunteer effort: HS _____ MS _____ Cayuga _____ Other _____

Time of Volunteer effort: From _____ AM to _____ AM Circle: M T W Th F S S

From _____ PM to _____ PM Circle: M T W Th F S S

Duration of Volunteer effort Start date: _____ Finish date: _____

Are you part of the TEACH system? Yes ☐ No ☐

Have you ever been convicted of a crime, excluding traffic offenses? Yes ☐ No ☐

If yes, describe: _____

Do you have any physical conditions which would affect your ability to perform volunteer service? Yes ☐ No ☐

If yes, describe: _____

REFERENCES:

NAME	ADDRESS	PHONE #

FOR OFFICE USE ONLY:

Approval by Administrator/Supervisor: _____